

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14776

**Entity Name:** SIMMONDS PRECISION PRODUCTS, INC.**Current Principal Place of Business:**100 PANTON ROAD  
VERGENNES, VT 05491**Current Mailing Address:**100 PANTON ROAD  
VERGENNES, VT 05491 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PHILIP J., JASPER  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

Title            SECRETARY  
Name            BHATTI, NAADIA  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

Title            DIRECTOR  
Name            NOVAK, ERIC D.  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

Title            ASSISTANT SECRETARY  
Name            BOIVIN, JENNIFER M.  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

Title            DIRECTOR, VP, TREASURER  
Name            SADLER, DUANE A.  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

Title            VP  
Name            ROY, BRIAN A.  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

Title            VP  
Name            BUNGE, RYAN L.  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

Title            VP  
Name            BUESING, STEVEN J.  
Address        100 PANTON ROAD  
City-State-Zip: VERGENNES VT 05491

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP J. , JASPER**PRESIDENT****03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date